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ABSTRACT

Designed for parents of children with mental, emotional, or behavior disorders, this booklet provides information on accessing mental health services through health maintenance organizations. The first part of the guide provides information on how managed care can improve children's access to behavioral health services through expanded service options, earlier identification and treatment, efficient coordination of services, service compatibility with a family's culture and values, and family involvement in decisions about care. The guide also discusses how managed care controls costs and provides tips on how families can make managed care work for their child. Goals are presented for managed care for families of children with mental, emotional, or behavioral disorders. A final section deals with what families should watch out for, such as limits on needed services, reduced quality of care, and exclusion of families from service planning and decision-making. A checklist is provided to evaluate whether a managed care plan operates in a family-friendly manner. (CR)

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Your Family and Managed Care

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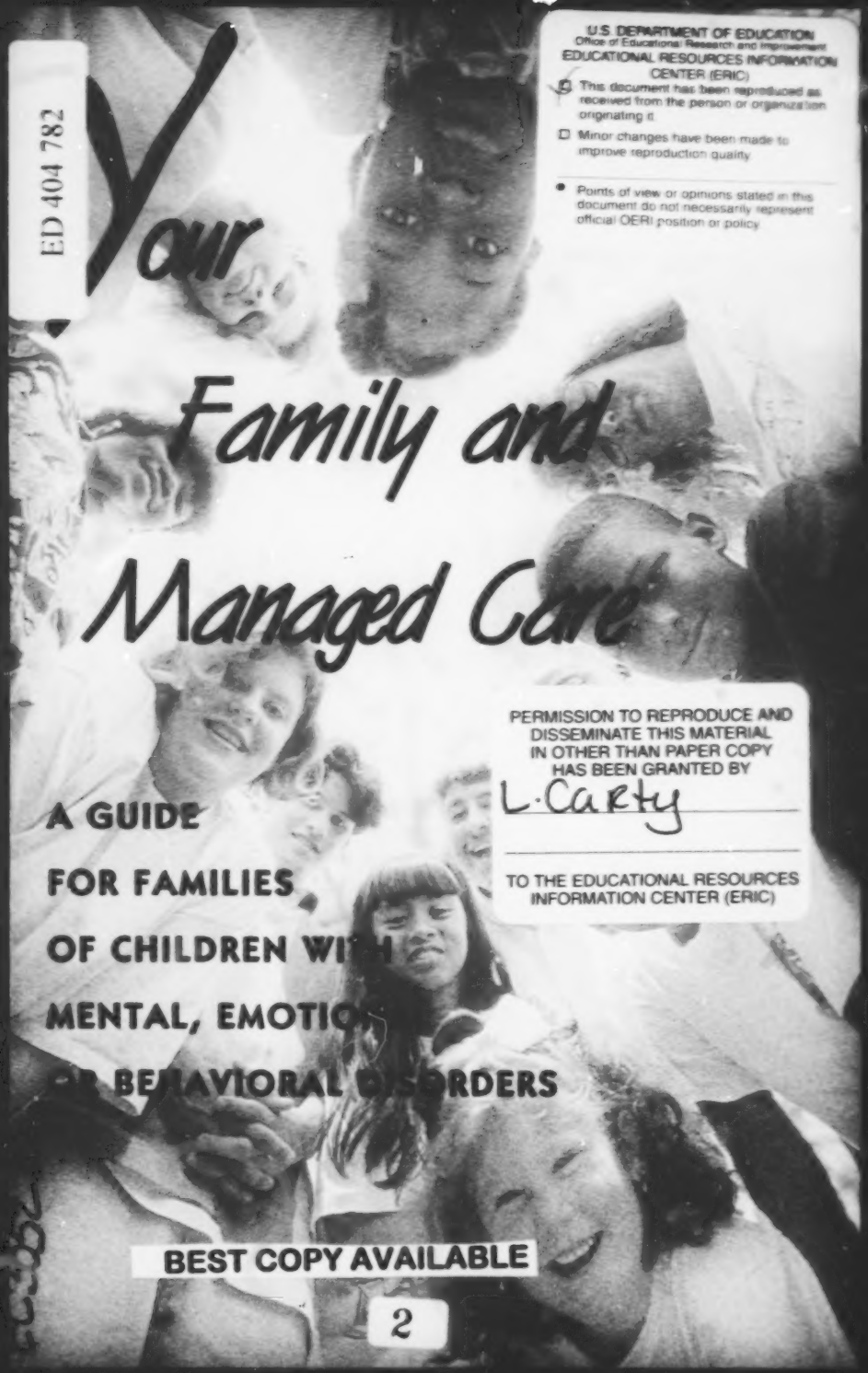
A GUIDE FOR FAMILIES OF CHILDREN WITH MENTAL, EMOTIONAL OR BEHAVIORAL DISORDERS



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This booklet was prepared by the Bazelon Center for Mental Health Law in collaboration with the Federation of Families for Children's Mental Health.

The Bazelon Center is the leading national legal advocate for adults and children with mental disabilities. The Federation is a national parent-run organization focused on the needs of children and youth with emotional, behavioral or mental disorders and their families. For information about Federation membership, call (703) 684-7710, write to FFCMH, 1021 Prince Street, Alexandria VA 22314, or e-mail ffcmh@crosslink.net.

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Your Family and Managed Care

A GUIDE FOR FAMILIES OF CHILDREN WITH MENTAL, EMOTIONAL OR BEHAVIORAL DISORDERS

Many families now receive mental health services through what is called "managed care." You may have managed care through the health insurance plan offered by an employer. Or if your family or child qualifies for Medicaid, you may be required to sign up with a health maintenance organization (HMO) or primary care case manager.

Two of the most common kinds of managed care plans are HMOs and preferred provider networks (PPOs).

- If your plan is an HMO, your family must use the doctors who work for the HMO or other providers to whom the HMO refers you.
- If your plan is a PPO, you may choose from its network—its list of providers.

Either way, if you want to use a provider who is not part of the plan, you will have to pay some or all of the cost of services.

You probably know by now that managed care is a way to control the cost of health care services. Some plans control costs by improving their services. They provide the right care at the right time to keep a condition from becoming worse and requiring more—and more expensive—care later. Other plans are so concerned with cutting costs that they deny needed care.

This booklet explains what that means to a family whose child has a mental, emotional or behavioral disorder and suggests how you can make your managed care plan work better for your child and family.

How Managed Care Can Improve Your Child's Access to Services

A well-designed managed care program could improve access to behavioral health services for children with mental, emotional or behavior problems. Families can take advantage of opportunities like these:

☆ Expanded service options

Managed care plans can increase their profits by encouraging the use of community-based services and supports instead of expensive out–of–home placements like hospitalization or long–term residential care. So a well-managed behavioral health care company is likely to offer services and supports like respite care and crisis services that will help your child live at home, be successful in school and be active in your community.

☆ Earlier identification and treatment

Managed care companies know that treating a problem when it first appears is cheaper than waiting until it becomes very severe or out of control. So a well-managed behavioral health care company will screen children to identify problems early and

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provide services and supports at the first sign of difficulty. They may even send care providers to the home of an infant or toddler to give the family information and support or to check on how well a newborn is doing.

☆ Efficient coordination of services

Managed care companies do not want to waste money. They can profit by not duplicating services and supports you and your child can get elsewhere. So a well-managed behavioral health care company will encourage service coordination. They may even make available someone to help you negotiate with other child-serving systems and providers, such as the special education or juvenile justice systems.

☆ Services compatible with a family's culture and values

A well-managed behavioral health care plan will provide information and materials in the language your family uses. The service plan and choice of providers should reflect your family's spiritual beliefs and cultural values about illness, mental health problems and treatment approaches and your views about seeking help from people outside the family.

☆ Flexible services designed around family strengths

A well-managed behavioral health care plan will involve families in deciding what issues to address in a plan of care. Your family should be able to choose services, supports and providers that are comfortable for both you and your child. Decisions about how long care will last should be based on your child's actual needs and on how well you believe the services are working.

☆ Better outcomes for children and youth

If problems are identified early and services and supports are provided quickly and locally, families and children will not face the disruption and anguish of hospitalizations and long–term residential care far from home. With access to services and supports nearby through a well-managed behavioral health care company, children can have friends in the community, go to the same school as their brothers and sisters and play on community sports teams. Families should be stronger and happier and children should grow up healthier and better able to support themselves independently as adults.

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How Does Managed Care Control Costs?

Managed care companies keep costs down by keeping track of the services your family uses and covering only services the company considers "medically necessary." Often they only make services available through a primary care provider—the doctor or clinic you choose or to which your plan assigns you. Periodically, the managed care company will review your child's progress and need for help to decide if these services are still appropriate and effective—if they are still medically necessary.

What services are available to your family and how the managed care company decides whether they are medically necessary depends on what the payer (your employer or, if you receive Medicaid, the state) has agreed to pay for in its contract with the company.

Managed care companies get a set fee for each person enrolled in their plan. If a plan enrolls many healthy people who need little care, it will spend less on services than it collects in fees and will make a profit. If a plan enrolls many people who need a lot of treatment, it could lose money. So plans work hard to control costs.

What You Can Do

Some managed care plans are very family-friendly and easy to use. Others may be much harder to deal with. You will want to learn how to make your family's managed care plan work for your child. Here's a general list that will apply to most situations.

❒ **Become informed about the plan.**

If you have a choice of plans, compare the benefits, providers, limitations, exclusions and co-payments you may have to make. If you are happy with a doctor, agency or service provider your child now uses, check to see if they are included in the managed care plan's provider network. If that favorite provider is not on the list, decide whether you will make a switch or pay for this provider's services yourself.

❒ **Once enrolled, get to know your primary care physician while you and your child are well.**

Make an appointment, give all the history you think appropriate and, if necessary, transfer records from other providers. Arrange for a checkup for your child so your physician has a baseline to use for comparison when there is a crisis.

Goals of Managed Care for Families of Children with Mental, Emotional or Behavioral Disorders

Managed care plans should provide services and supports aimed at improving life for your child and family. Ask your primary care provider and service coordinator if they are willing to work with you and your child toward these goals:

☆ **Good physical health**. For example, children and youth, with family guidance and according to their culture, should have a choice of medication providing the best relief of symptoms with the fewest side effects.

☆ **Independence appropriate to a child's age and development**. Managed care should provide services and supports that make it possible for children and youth to live at home and function within their family, school and community.

☆ **Emotional stability and greater self esteem**. Managed care should enable children and youth to feel and express the normal, healthy range of emotions as an appropriate response to life experiences.

☆ **Success in school**—attending daily, staying in class, completing assignments, improving grades, graduating.

☆ **A successful transition to adulthood**, connecting with adult mental health services, if necessary, and being able to have a home, jobs, friends, and appropriate educational opportunities, services and supports.

❒ **Be involved in planning services for your child.**

Talk to the person responsible for coordinating services and supports for your child and family. Ask for copies, or a least a summary, of any evaluation and an explanation of what the results mean.

Find out when and where the service-planning team will meet to write your child's plan. Go to the meeting (if you can't make it, ask for it to be rescheduled). Hear and consider the views of the other team members. Ask questions about their reports and recommendations and speak up about your concerns. Ask for explanations of technical and specialized terms.

❒ **Have an emergency plan.**

Make sure you know what your managed care plan requires you to do before going to the hospital or emergency room (or as soon as you get there). Write out an emergency plan and post it near the phone in your home. Make sure it includes the numbers to call to get your plan's approval. Rehearse your emergency plan so everyone is ready if there is a crisis. Be sure you have handy the name of your primary care physician and your insurance number, HMO card or any other identification or medical services account numbers issued by your plan.

❒ **Learn about your rights.**

Find out what rights you have and what the process is for resolving any disagreements you may have with the plan. Try to resolve problems quickly and at the first sign of difficulty, rather than waiting until things are really bad and you are angry. Consider finding a family organization that can help you advocate for your child.

❒ **Provide feedback.**

Let the plan administrators know what you think about the services you and your child are receiving. If you let them know when you are satisfied with their services, they may pay more attention when you are not.

❒ **Keep good records about your child's services.**

Keep track of test results and medications. Know how often and when you have seen a doctor or used a service. Make sure you have a copy of your child's service or treatment plan.

❒ **Follow up.**

Make sure referrals are made, appointments are kept and the paperwork is done on time.

What to Watch Out For

Well-run managed care plans make sure that every child and family receives the right services at the right time and in the right amount. However, because of the plan's need to control costs, families of children with mental, emotional or behavioral problems should be very watchful.

✖ Limits on needed services

Managed care plans often limit the types or amounts of services they will provide. For example, children are sometimes sent home from a hospital before a crisis is resolved or before the child's condition is stabilized through medication, simply because the days their plan allows for a single hospitalization have been used up. Limiting the number of sessions with a counselor is another way some plans control costs. You or your provider can argue that even though the plan can save money now by stopping a service, the disruption will cause your child to need more expensive services later on.

✖ Reduced quality of care

Managed care plans sometimes sacrifice quality of care to save money. They may limit access to specialists

in the care of children and youth because these providers are more costly than general practitioners. For example, even when an HMO has acknowledged that it does not have doctors qualified to treat a child's condition, some families are denied access to independent specialists and then refused reimbursement when they go to these specialists on their own. You should be able to appeal such a denial through a plan's grievance procedure. If your child qualifies for Medicaid, the state also has a fair hearing process you could use.

✖ Exclusion of families from service planning and decision-making

Treatment reviewers often just look at records to decide if a service is necessary, if the level of care is appropriate and if the child is getting better. They may use a rigid set of standards and never see the child. Families and their providers have no say in this process. If your managed care plan does not involve you and or your child's provider in decisions about your child's services, you may want to exercise your right to appeal any denial or end of services and supports.

Family Report Card

Families should assess any managed care plan against basic principles for good care, especially if they have a choice of whether or not to sign up. Use this checklist to evaluate whether a managed care plan operates in a family-friendly manner.

Checklist for a Managed Care Plan

- ❒ Does the managed care company design children's services that are comprehensive and flexible, community-based and family-driven?
- ❒ Does the managed care company require families to be meaningfully involved in all decisions about their children, including development of service plans?
- ❒ Does the managed care company allow families to help monitor the care of their child?
- ❒ Does the managed care company provide family support services like behavioral aides and respite care?

- ❒ Does the managed care company provide easy-to-understand information for families in all languages used in the community?
- ❒ Does the managed care company have a user–friendly system for grievances and appeals?
- ❒ Does the managed care company measure family satisfaction in ways that can show whether the care it provided has positive results for children and their families?
- ❒ Does the managed care company collaborate with public agencies that provide services to the child?
- ❒ Does the managed care company clearly define the standards it uses to decide what kinds and amounts of care will be provided?

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